

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046513

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1840

STATE FILE NUMBER

FILED DEC 18 1962

## 1. PLACE OF DEATH

a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SPRINGFIELDLength of stay in 1b  
2 wks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION ST. JOHN'S HOSPITALInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY LAWRENCE

c. CITY  
OR  
TOWN MT. VERNONInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

MARTHA

Middle

J.

Last

CHAMBERS

4. DATE  
OF  
DEATH

Month

Day

Year

DECEMBER 12, 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6/4/989. AGE (last birthday)  
64IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY

STATE SANITORIUM

11. BIRTHPLACE (City and state or country)

ST. CLAIR CO. MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ALBERT CHAMBERS

13b. MOTHER'S MAIDEN NAME

DELLAH FREEMAN

14. NAME OF HUSBAND OR WIFE

X

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

CHARLES CHAMBERS, HOUSTON, TEXAS

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolus

INTERVAL BETWEEN  
ONSET AND DEATH

1 hr.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Operation for Hiatus Hernia.

2 wks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-7-44

to 12-11-62

and last saw her  
him alive on 12-11-62

Death occurred at 4:45 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S.P. Madrup M.D.

22b. ADDRESS

Springfield, Mo

22c. DATE SIGNED

12/12/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

12/15/62

23c. NAME OF CEMETERY OR CREMATORY

OSCEOLA CEMETERY

23d. LOCATION (City, town, or county)

OSCEOLA, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

HERMAN H. LOHMEYER, SPRINGFIELD, MO. 12-14-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Effie E. Metten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

8397

20550

3

4 1

5 0

6

7 0

8 1

95604

10

11

124-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 12-14-62